

NOTICE OF INDEPENDENT REVIEW DECISION

September 27, 2002

Re: IRO Case # M2-02-0911

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

This case involves a now 56-year-old female who on ___ fell when a chair slipped from under her. This caused reoccurrence of back pain similar to the pain she had had before lumbar surgery in 1997. The patient developed pain in her neck, both shoulders, left upper extremity and knee. Physical therapy and trigger point injections were not beneficial, and the patient continues to have significant pain in her low back, legs, neck, shoulders and left upper extremity. A CT myelogram showed multiple levels of potential difficulty, with the primary level of trouble at C5-6. An MRI of the cervical spine showed no spinal cord compromise, but a significant spinal canal compromise, especially at C5-6, with C4-5 and C6-7 also involved. A cervical discogram does not mention any concordant pain, although it does indicate abnormalities at the C5-6, C6-7 disks, with some question of the C4-5 disk also.

Requested Service

Anterior cervical discectomy and fusion from C4-7

Decision

I agree with the carrier's decision to deny the requested procedure.

Rationale

The records provided suggest that this patient's multiple areas of discomfort, including low back and knee pain, were interfering with her daily living activities as much as her neck problem. Therefore, care for these areas, including surgery, if necessary, would be far more appropriate initially than the extensive proposed neck procedure. The neck problem does not immediately present a major disabling problem because nothing on the reports provided indicates significant spinal cord involvement. There are some concerns on examination regarding the spinal cord, but these are not great enough to give attention to that area initially. In all medical probability surgical attention to the cervical spine will be necessary, but at the present time the extensive procedure requested is not indicated.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,